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FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. FILING DATE 1503 09/640 103 08/15/2000 Patrick McErlean FKC-100US

TITLE OF INVENTION: CLASSIFICATION OF ELECTRONIC MESSAGES USING A HIERARCHY OF RULE SETS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$0	\$0	\$755	09/08/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
BOUTAH, ALINA A		2443	709-206000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			restia	
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		p to	3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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ART Technology Group Cambridge, Massachusetts Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖏 Corporation or other private group entity 🗀 Government

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X Issue Fee A check is enclosed.

M Payment by credit card. Form PTO-2038 is attached. Electronically submitted ☐ Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overnayment, to Deposit Account Number 18 050 (enclose an extra copy of this to Advance Order - # of Copies (enclose an extra copy of this form)

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